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				Apita Johnson	0	(Depositor's name)
				Conocto 4	mvsm I	(Signature)
				Juné 15, 2010	(e-filed)	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	AT	TORNEY DOCKET NO.	CONFIRMATION NO.
10/748,811	12/30/2003		Kristine B. Fuimaono		51640/AW/W112	7196
TITLE OF INVENTION	: IRRIGATION PROBE	FOR ABLATION DUR	ING OPEN HEART SUR	GERY		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEI	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	06/15/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS	J		
BOUCHELLE, LAURA A		3763	604-021000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, or a gents OR, alternatively, or agents OR, alternatively, or ag						
	ondence address (or Cha	ange of Correspondence	or agents OR, alternati	vely,	Hale,	LLP
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the negistere PTO/SB/47. Rev. 03-02 or more recent) attached. Use of a Customer 2 registere 2 registere				name of a single firm (having as a member a 2		
PTO/SB/47; Rev 03-0 Number Is required.	02 or more recent) attack	ned. Use of a Customer	2 registered patent attorneys or agents. If no name is 3			
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	pe)		
PLEASE NOTE: Uni	less an assignee is ident	tified below, no assignee	data will appear on the p	atent. If an assignee is	identified below, the d	locument has been filed for
PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has been filled if exclusion as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE						
Biosense Webster, Inc. Diamond Bar, California						
			_			
Please check the appropr	iate assignee category or	r categories (will not be p	rinted on the patent):	Individual LXI Corpor	ation or other private gr	oup entity Government
4a. The following fee(s)	are submitted:	4	b. Payment of Fee(s): (Ple	ase first reapply any p	eviously paid issue fee	shown above)
				thereby authorized to charge the required fee(s), any deficiency, or credit any Deposit Account Number 03-1728 (enclose an extra copy of this form).		
			overpayment, to Depo	sit Account Number U	3-1/28 (enclose a	in extra copy of this form).
5. Change in Entity Sta	tus (from status indicate is SMALL ENTITY stati		☐ b. Applicant is no lor	ger claiming SMALL F	NTITY status. See 37 C	FR 1.27(g)(2).
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interest as snown by the	MAA	nes ruem and riudema	N OHIOL			
Authorized Signature	Auro			Date June	15, 2010	
Typed or printed nam		E. Schneider		Registration No		
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